



## MEETING INFORMATION

- Date: Dec. 17<sup>th</sup>, 2018
- Location: Zoom Web/Conference Call Meeting
- Next Meeting: Feb. 18, 2019; 10:00 AM, Dover

**Attendees:** Julane Armbrister-Miller, Kirk Dabney, Joann Hasse, Rita Landgraf, Brian Olson, Tim Rodden, Emily Vera

## SUMMARY OF DISCUSSION

### Call to Order

### Welcome

- Committee Chairperson, Rita Landgraf, thanked the committee for their flexibility in joining the December meeting via webinar/call to have better accommodate end of semester and end of year schedules.

### DCHI Update

- Rita shared that the Board reviewed and approved Board member nominees for at-large and designated seat members, as well as term renewals and resignations. A robust by-laws discussion was held (no decisions or voting yet):
  - Proposed recommendation to change the seat designation from two practicing physicians, to one practicing physician and one advance practice provider.
  - Other proposed changes focused on committee structure and exploring removal of the sole member requirement, as this was originally needed to utilize DHIN to stand up DCHI as a s 401©3.
  - Board discussed revisions to by-laws that would be enduring, less restrictive, and yet provide guidance.
- Board and Stakeholder Open Meeting- DCHI is hosting on February 13<sup>th</sup> (1-5pm) at the Outlook at the Duncan Center in Dover. Rita encouraged all committee members to attend and share with other stakeholders, as this will set the tone for where we want DCHI to advance as an organization.
  - This event will be part of a broader organizational strategic planning process that will help chart independent course for DCHI moving forward and beyond SIM, while also aiming to align and integrate initiatives and set priorities. For example, Healthy Communities DE is now a separate structure but came out of DCHI's Healthy Neighborhoods initiative, and so it will be important to determine how this evolving effort can continue to align and integrate with DCHI in a way that does not silo efforts w/in overall health transformation effort in DE.

- Status and Direction of Health Care Claims Database (HCCD)
  - DHIN provided DCHI Board with a review of the statutory purpose of a Health Care Claims Database (HCCD). DHIN currently has 5 years of medical and pharmacy claims for approx. 56% of DE residents.
  - Data does not include ERISA –excluded plans (self-insured, federal employees). Reporting of this data cannot be mandated by law, but can be provided voluntarily. DHIN working to strengthen participation. HCCD also does not include care with no claim self-pay, some new payment models, uninsured, long-term care claims, dental claims and those who have not gotten care. DHIN trying to fulfill obligation of law, build from that, and ensure integrity of data.
    - How large is ERISA population? State gov't is under ERISA plan and they are populating the data. DHIN Dir. Jan Lee may be able to answer this question, at least from a projected number.
    - Lack of dental insurance and claims impacts data. Large pop. of people with medical insurance but not dental. Oral health important component to overall health.
    - Committee members emphasized that people who have no insurance and are not subject to personal mandate also are not included and that we may start seeing numbers slipping as tax penalty stops in 2019.
  - DHIN working to onboard mandatory reporting entities per SB227 and make their data available by June 2019. Expect to begin considering requests for data access in January, 2019; working with State Employees Benefit Committee (SEBC) now to produce first data extract for a State agency. Working on financial sustainability (\$2mil from General Assembly (GA) was a one-time appropriation) and to finalize fee structure for non-State applicants. Written status report due to General Assembly in March 2019. DCHI Payment Workgroup inviting DHIN to give presentation on Jan. 9th at their meeting. Open to all.
- Clinical Committee
  - Starting to look at their charter. Two-part committee to establish steering committee of existing members who would meet every other month. At-large committee of interested stakeholders would provide input on specific topic areas and meet quarterly. Anticipate a heavy focus on primary care. Nancy Fan and Alan Greenglass are still committee chairs.
- Behavioral Health Integration Payment Workgroup
  - Significant outcome of the Workgroup and their recent survey is the commitment of payers to relook at some of the opportunities explored and that of Medicaid to move forward with attempting to expand payment for the collaborative care codes.
  - Important not to lose traction. Moving away from direct care codes to integrated codes. Commitment from payers to look at these opportunities. One payer already reimburses for collaborative codes nationally.
  - This group is committed to staying engaged. Asking DCHI to hold their feet to the fire and assess progress or make recommendations if regulatory support is needed.
    - Does it include care coordination? No. Collaborative care codes do include some of that and effort underway to look at utilization of codes.

- HMA winding down- work will be rolled into DCHI Ad-Hoc Payment Workgroup that is an offshoot of larger group. Will roll it back up after HMA steps down from effort.
- Disappointment in this area that we did not get more accomplished up to this point, but one of the more complicated areas. Efforts have provided us more awareness from logistical perspective about level of innovation needed on the ground. If we figure it out here, will be able to replicate in other ways.
  - Surveys in follow up from hospital visits ask about mental health issues. Do they follow up? Also, patients getting knee and hip replacements are not staying overnight. System attributing it to bundled payments. Issue is larger than payment.
- Payment Workgroup Overall
  - Providers have presented their Value-based payment (VBP) goals and models to help define the status and landscape of VBP in DE and future goals. The final presentations will occur at the workgroup's December meeting
  - The group is in agreement that there has been significant movement in DE to VBP models, but also there is a critical need to address barriers related to data and to the removal of regulatory barriers to continue the efforts toward VBP
- Healthy Communities Delaware
  - Hosting symposium on Jan. 14<sup>th</sup>, 8:30 – 3:00 at Chase Center. Committee members strongly encouraged to attend. Can provide more recognition about what is happening in the space that DCHI used to administer via Healthy Neighborhoods. Will be informative for cross committee/stakeholder DCHI meeting in February.
  - Defined as, “a consortium of public, nonprofit and private organizations committed to taking a collective approach to align efforts and invest in projects, programs and policies aimed at improving the health of people in low-wealth communities in the state.”
  - Led by the State of Delaware, University of Delaware and the Delaware Community Foundation, and guided by a diverse Leadership Council (formerly Governance). Both Matt Swanson (DCHI Chair) and Rita are members of the Leadership Council.
    - Role of DCF? Financial management. Entities serving as backbone organizations will perform different but complimentary functions
  - Established a logo and slogan (“Alignment. Investment. Impact”)
  - Standing up Community Investment Council – meeting Mon, Jan. 7<sup>th</sup>, 1-2:30 at Rt. 9 Library. Meetings are open to public

### **Patient and Consumer Committee Membership**

- Outreach to existing and new nominees underway. Ann Phillips with DE Family Voices wishes to remain engaged. Slate on new member nominees to be put forth to DCHI Board in January will include Salvatore Seeley, Program Director, CAMP Rehoboth, Charita Jackson-Durosinmi, Director of Rural Health Outreach, Westside Family Healthcare, and an AARP rep. (pending).
- Moving forward, committee will need to continue to discuss potential members-and gaps in representation. DCHI Board recommendation to engage millennials, as how they engage w/healthcare may look different.
  - Rita has access to university population. Rita also sits on Riverside REACH Community Development Board and co-chairs a Health and Wellness pillar. Over the summer, REACH gathered teens ages 14-18 around creation of a teen warehouse in Riverside. Would like to bring committee the priorities in health and wellbeing that they have

identified. Nemours also has an adolescent advisory board and an associate group who are mostly millennials.

**Patient and Consumer Charter and Execution**

- Communications strategy- DHSS has expanded Choose Health platform to look more as if it comes directly from administration. There are opportunities for us to align w/Choose Health but may also want to make sure we have our own communication and engagement strategy relative to work of DCHI.
- 2019 accountability targets and priorities- Opportunity for this committee to yield info. from DCHI strategic process. May hear additional things we will want to add within our charter based on what comes out of strategic planning.

**Other Business**

- Committee will recess during month of January and resume monthly meeting schedule of third Monday of each month in February.

**Next Meeting: Monday, February 18th, 10 AM, Dover (location TBD)**